

# Registration

## Personal details:

Name .....

Designation .....

KMC Registration no.  
(If applicable) .....

Organization .....

Address .....

Phone .....

E mail .....

Presenting paper: Yes/No

Accommodation requirement: Yes/No

## Registration:

Category	Regular (INR)	MACE Members (INR)	Students (INR)	Foreign (USD)
<b>Early Bird</b> Before 10 <sup>th</sup> January 2015	4000	2000	3000	200
<b>Regular</b> Until 10 <sup>th</sup> February 2015	5000	2500	4000	250
<b>Spot</b>	6000	3000	5000	300

*On campus guest house accommodation may be arranged @ INR 650/night, subject to availability.  
Early request is recommended.*

## Payment options:

Online bank transfer:

Name of the account holder : Manipal University Conference/ Workshop, Manipal

Account no. : 33508958510

Name of the bank and address : State Bank of India, Manipal Branch, Manipal

MICR code : 576002006

IFSC CODE : SBIN0004426

Demand Draft : Drawn in favour of 'Manipal University  
Conference/workshop' payable at Manipal/Udupi.

Please forward the completed registration form to [clinical.embryology@manipal.edu](mailto:clinical.embryology@manipal.edu)

Place & Date:

Signature